

Reporter's Invoice No.: 00000919

## GJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (11-07)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Racky Ramchair		VOUCHER NUMBER 091110002014	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 04-CV-4241		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) Racky Ramchair vs. Conway		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Adult Defendant	
				10. REPRESENTATION TYPE HC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					

## REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Habeas Corpus Petition		FILED IN CLERK'S OFFICE U.S. DISTRICT COURT E.D.N.Y. NOV 05 2009	
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically) NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Hearing			
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)		LONG ISLAND OFFICE	
A. Appointed Cost 0.5000 % of transcript with (Give case name and defendant) New York State Attorney		OFFICE'S INITIALS (JH)	
B. <input type="checkbox"/> 14-Day <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript			
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions			
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.			

## 15. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

Signature of Attorney

Frank Handelman

Printed Name

Telephone Number: (212) 245-1830 471-6239

☒ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization10/14/09  
Date

## 16. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted.

Signature of Presiding Judicial Officer or by Order of the Court

Date of Order 11-3-09

Nunc Pro Tunc Date

## CLAIM FOR SERVICES

## 17. COURT REPORTER/TRANSCRIBER STATUS

☒ Official ☐ Contract ☐ Transcriber ☐ Other

## 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE

## 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

ANTHONY D. FRISOLONE, CSR RDR CRR  
225 Cadman Plaza East  
Room 118 North  
Brooklyn, NY 11201

Telephone Number: (718) 613-2487

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original	1 to 72	72	5.34	384.48	0.50000	192.24
1st Copy	1 to 72	72	0.90	64.80		64.80
Expenses (Itemize)						
TOTAL AMOUNT CLAIMED:						257.04

## 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee

Date 10-13-2009

## ATTORNEY CERTIFICATION

## 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk

Date 10-14-09

## APPROVED FOR PAYMENT - COURT USE ONLY

## 23. APPROVED FOR PAYMENT

Signature of Judicial Officer or Clerk of Court

Date 11-3-09

## 24. AMOUNT APPROVED

\$257.04